

*Better Health for All**County of Santa Clara Health System*

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DATE: April 27, 2021

TO: Honorable Members of the Board of Supervisors  
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive/Director, SCVHHS <sup>DS</sup> RS  
Sherri Terao, Director of Behavioral Health Services Department (BHSD) <sup>DS</sup> ST

SUBJECT: Universal Design and Wellness Centers Models

During the Children, Seniors and Families Committee (CSFC) Meeting on March 25, 2021 (Items No. 6 and 7), Supervisor Chavez requested that the Behavioral Health Services Department (BHSD) provide an off-agenda report on the following:

- 1) The framework of Universal Design (UD), including its tenets, places the tool had been previously tested to achieve zero barriers to access, the metrics used to determine successful breakdown of barriers, and how the tool considers diversity, income disparities, lack of access to technology, and other barriers to ensure successful outcomes; and
- 2) Information on the wellness center model and how it does not replace or supplant services provided by community-based organizations and other service providers. This would include discussion on any possible provider competition in serving clients within the same community and mapping existing partnerships.

### **1) Universal Design**

The framework of UD for utilization on Santa Clara County (County) school campuses will be based on the tenets of the Substance Abuse and Mental Health Services Administration (SAMHSA) guide entitled "Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners." This guide includes concepts and strategies BHSD will adopt to identify barriers to access and workflow processes to ensure consumers are referred to a program with an appropriate level of care to meet their needs.

SAMSHA's guide also provides a strategic prevention framework as a planning model which is guided by two principles --cultural competence and sustainability. Cultural competence ensures the ability to interact effectively with members of diverse populations and sustainability includes the capacity to maintain positive prevention outcomes over time. The planning model also emphasizes the importance of a strategic planning process which includes assessment, capacity, planning, implementation, and evaluation. The planning model will be presented to BHSD executive leadership in Summer 2021, to illustrate how it will be integrated into the planning, design, and implementation of existing and future programs.



The primary tool to be used by BHSD to guide program development will be SAMHSA's Program and Practice Review Checklist (PPRC). The PPRC tool is used nationally in the planning of an array of substance use prevention and behavioral health programs. Currently the BHSD is working to identify programs in other counties and organizations that are using the PPRC tool in a similar capacity as the BHSD is planning to use it. The PPRC tool includes key considerations and an adaptable scoring approach to compare the strength of fit and evidence of effectiveness across programs. Along with the strategic prevention framework, the PPRC tool will be reviewed by BHSD executive leadership in Summer 2021, to determine its applicability and modify it as needed to best fit program needs. BHSD will be responsible for determining the criteria and scoring to identify deficiencies and keep program development moving forward. For example, the PPRC includes 21 checkboxes across domains, such as conceptual fit, practical fit, and evidence of effectiveness, and if 18 of the 21 (85%) checkboxes are indicated, this can determine a programs viability to move forward with responding to a grant or with program implementation.

As part of the criteria to be used in the PRCC tool, BHSD shall consider the following questions when approaching new and existing programs through a UD lens:

1. What are the possible barriers and are there ways to overcome them?
  - a. Are there barriers of access to technology?
  - b. Are there barriers of income disparity?
2. Who is the payor/funding stream for the services?
3. Has the program been created before by other counties, organizations, etc.?
  - a. What learning experiences have been identified by others?
4. Are the services duplicative?
  - a. Are there existing programs that could be modified to integrate this program?
  - b. Is there a program already existing that provides this service and serves the population?
    - i. What are the differences (e.g., funding stream)?
    - ii. How can this new program expand and/or enhance existing programs?
5. Who are our partners? (e.g., community-based organizations, school districts, county departments)
6. Who are our stakeholders?
7. How will the workflow encompass a Single System of Support (SSOS) framework?
8. How will the program be sustained?

The SAMHSA guide and the PPRC tool considers diversity as a guiding principle and is included in every step of planning and design of the program. The PPRC tool and guide is adaptable and allows the BHSD to include the additional questions listed above to identify if the program is the best fit for our system of care. The evidence of effectiveness in the PPRC tool considers whether there are barriers to successful outcomes based on the implementation, fidelity, study design, study outcomes, study participants independent replication, and validity.



Additional steps to be taken by the BHSD include integrating community and stakeholder interests into a strong conceptual and practical fit for the program. The BHSD is currently reviewing the degree to which the program is a good match to meet the needs of the County as well as the degree to which the program is a good match for the people involved, which includes meeting the diversity and disparities of the community. To evaluate goals and achievements to be met, the BHSD will utilize a logic model to identify outcomes and short term, moderate, and long-term effectiveness of the program.

## **2) Wellness Center Model**

In July 2020, BHSD and Santa Clara County of Education (SCCOE) received a grant to implement wellness centers on school campuses, increase mental health professionals at schools, and provide professional learning to educators. The wellness centers will provide support and services for youth before, during, and after the school day to promote wellness and address mental health needs on school campuses. These wellness centers will not replace or supplant existing service providers or community-based organizations, but rather expand access as part of the school's multi-tiered systems of support (MTSS) framework. Prior to establishing wellness centers on school campuses, SCCOE will collaborate with schools to identify their referral workflow, layout of existing services, and any service gaps, to better integrate and adapt the wellness center within the schools' existing supports and services. Additionally, youth groups, professional development, informational sessions, and other wellness focused activities are embedded in the design of the wellness centers to promote cohesive and coherent approaches to wellness on school campuses.

In addition to an integrated planning process between SCCOE and schools, the County's Cross Agency Service Team (CAST) will be utilized to expand efforts for collaborative work across child and family-serving departments and organizations. The goal of CAST is to create and leverage opportunities for cross-systems coordination to improve beneficial outcomes for children, youth, and families. The wellness center model implementation and project planning will include the SSOS framework and support from CAST to integrate existing services and partnerships to prevent discord amongst service providers serving youth in the same community. The BHSD and SCCOE have gathered initial data of existing services provided by community-based organizations at each of the schools piloting the wellness center program. These services will be mapped out and presented to CAST during Summer 2021 to assist in gaining feedback and support to move the project forward through integration and prevention of competition among providers. BHSD will include an ongoing evaluation of the wellness center implementation and project planning at CAST service excellence meetings and CAST prevention subcommittee meetings. The wellness centers will also include an array of supports and services from different systems to support student wellness. CAST will encompass a SSOS framework, which includes a "No Wrong Door" service delivery model and four design practices that the selected schools will embody in implementing a wellness center. The four practices include:

1. ***Identify an access point of entry.*** The wellness center can serve as an access point for students and will be accessible to all students. The wellness center is an integral part of the

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culture of the campus and is integrated as part of the school's introduction to new and existing students for a culture of wellness, belonging, safety and inclusivity.

2. ***Centralize a referral.*** Schools with existing referral pathways can be expanded to offer information about wellness center efforts and include referrals to the wellness center linked services. In addition, the wellness center coordinator may refer into the existing referral pathways when referrals are needed. Existing referral pathways include, but are not limited to, School Linked Services (SLS) Coordinators, school social workers, school-based behavioral health programs, and existing MTSS tiers of service, etc.
3. ***Screen/Assess.*** The wellness center coordinator may screen and assess any student that comes to the wellness and provide support or triage the referral. To coordinate care, any triage will include an integrated and supportive connections to minimize trauma.
4. ***Integrate Single System of Support.*** The wellness centers shall be integrated into the school's culture and climate and share common policies, processes, and procedures with the schools. Schools will coordinate with existing partners and the wellness coordinator to map out existing services, understand the funding streams to these programs, and expand access for seamless support.

cc: Miguel Marquez, Chief Operating Officer  
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